Drug Supply Chain Security Act Document

(TI) Transaction Information

Drug Name, Strength, Dosage Form, Container Size:

BIKTARVY 30CT,

50/200/25 MG NDC: 61958-2501-01

Lot Number Quantity **Unique Serial #** 020734 2 021345 6 021347 7

Reference Number: **Document Type:**

01144144 Invoice

Reference Date:

03/03/21

(TH) Transaction History

Date Purchased & Ref: 02/23/21

Manufacturer's Name: **GILEAD SCIENCES, INC**

Manufacturer's information800 WHEELER AVENUE LA VERNE, CA 91750

SOLD TO: SHIPPED TO: WHOLESALERS GROUP INC. Name: WHOLESALERS GROUP INC. Address: 917 CALLE TRINITY Address: 917 CALLE TRINITY **CAROLINA PR 00982 CAROLINA PR 00982** Date Purchased & Ref: 02/07/21 14921679 Date Received & Ref: 02/07/21 921679

SOLD TO: SHIPPED TO: Name: SYNERGY GROUP WHOLESALERS SYNERGY GROUP WHOLESALERS

Name: Address: 491 AMWELL RD SUITE 103 Address: 491 AMWELL RD SUITE 103

HILLSBOROUGH NJ 08844 HILLSBOROUGH NJ 08844 8C13810 8C13810 Date Received & Ref: 02/23/21

SOLD TO: SHIPPED TO:

Name: SAFE CHAIN SOLUTIONS, LLC SAFE CHAIN SOLUTIONS Name: Address: 822 CHESAPEAKE DR Address: 822 CHESAPEAKE DR

> **CAMBRIDGE MD 21613 CAMBRIDGE MD 21613**

RC#017438 Date Received & Ref: 03/03/21 Date Purchased & Ref: 03/02/21 PO#01212140

SOLD TO: SHIPPED TO:

Name: LEROY PHARMACY LEROY PHARMACY Name: Address: 314 EAST 204TH ST Address: 314 EAST 204TH ST **BRONX NY 10467 BRONX NY 10467**

Date Purchased & Ref: 03/03/21 01S40011001 Date Received & Ref: 03/03/21 01S40011001

SHIPPED TO: SOLD TO: Name: Name: Address: Address:

Date Received & Ref:

(TS) Transaction Statement: This Company complied with each applicable subsection of FDCA Sec. 581 (27) (A) – (G)

(A) is authorized as required under the Drug Supply Chain Security Act;

(B) received the product from a person that is authorized as required under the Drug Supply Chain Security Act;

(C) received transaction information and a transaction statement from the prior owner of the product, as required under section 582;

(D) did not knowingly ship a suspect or illegitimate product;

(E) had systems and processes in place to comply with verification requirements under section 582;

(F) did not knowingly provide false transaction information; and

(G) did not knowingly alter the transaction history.

Date Purchased & Ref:

GOVERNMENT EXHIBIT 92 1:24-cr-20255-WPD

Drug Supply Chain Security Act Document

(TI) Transaction Information

Drug Name, Strength, Dosage Form, Container Size:

BIKTARVY 30CT,

50/200/25 MG

NDC: 61958-2501-01 Lot Number

Quantity **Unique Serial #** 021350 023252 6

Reference Number:

Document Type:

01144144 Invoice

03/03/21 Reference Date:

(TH) Transaction History

Manufacturer's Name: **GILEAD SCIENCES, INC**

Manufacturer's information800 WHEELER AVENUE LA VERNE, CA 91750

SOLD TO: SHIPPED TO: Name: WHOLESALERS GROUP INC.

Address: 917 CALLE TRINITY

CAROLINA PR 00982

Date Purchased & Ref: 02/07/21 14921679 WHOLESALERS GROUP INC.

Address: 917 CALLE TRINITY **CAROLINA PR 00982**

Date Received & Ref: 02/07/21 921679

HILLSBOROUGH NJ 08844

SYNERGY GROUP WHOLESALERS

8C13810

RC#017438

SOLD TO: SHIPPED TO:

Name: SYNERGY GROUP WHOLESALERS

Address: 491 AMWELL RD SUITE 103 **HILLSBOROUGH NJ 08844**

Date Purchased & Ref: 02/23/21

Address: 822 CHESAPEAKE DR

Date Purchased & Ref: 03/02/21

SOLD TO:

Name:

8C13810

SAFE CHAIN SOLUTIONS, LLC

CAMBRIDGE MD 21613

SHIPPED TO:

Name:

SAFE CHAIN SOLUTIONS Name: Address: 822 CHESAPEAKE DR

Date Received & Ref: 02/23/21

Address: 491 AMWELL RD SUITE 103

CAMBRIDGE MD 21613

Date Received & Ref: 03/03/21 PO#01212140

SOLD TO: SHIPPED TO:

Name: LEROY PHARMACY LEROY PHARMACY Name: Address: 314 EAST 204TH ST Address: 314 EAST 204TH ST

> **BRONX NY 10467 BRONX NY 10467**

Date Purchased & Ref: 03/03/21 01S40011001 Date Received & Ref: 03/03/21 01S40011001

SOLD TO: SHIPPED TO: Name:

Name: Address: Address:

Date Purchased & Ref: Date Received & Ref:

(TS) Transaction Statement: This Company complied with each applicable subsection of FDCA Sec. 581 (27) (A) – (G)

- (A) is authorized as required under the Drug Supply Chain Security Act;
- (B) received the product from a person that is authorized as required under the Drug Supply Chain Security Act;
- (C) received transaction information and a transaction statement from the prior owner of the product, as required under section 582;
- (D) did not knowingly ship a suspect or illegitimate product;
- (E) had systems and processes in place to comply with verification requirements under section 582;
- (F) did not knowingly provide false transaction information; and
- (G) did not knowingly alter the transaction history.

Page: 2 of 2 pages.

Drug Supply Chain Security Act Document

(TI) Transaction Information

Drug Name, Strength, Dosage Form, Container Size:

BIKTARVY 30CT,

50/200/25 MG

NDC: 61958-2501-01

Reference Number: **Document Type:**

Reference Date:

01144132 Invoice

8C13810

03/03/21

Lot Number Quantity **Unique Serial # CDFYCA**

(TH) Transaction History

Manufacturer's Name: **GILEAD SCIENCES, INC**

Manufacturer's information800 WHEELER AVENUE LA VERNE, CA 91750

SOLD TO: SHIPPED TO: Name: WHOLESALERS GROUP INC.

Address: 917 CALLE TRINITY

CAROLINA PR 00982

Date Purchased & Ref: 02/07/21

14921679

WHOLESALERS GROUP INC.

Address: 917 CALLE TRINITY **CAROLINA PR 00982**

Date Received & Ref: 02/07/21 921679

HILLSBOROUGH NJ 08844

SYNERGY GROUP WHOLESALERS

SOLD TO: SHIPPED TO:

Name: SYNERGY GROUP WHOLESALERS

Address: 491 AMWELL RD SUITE 103

CAMBRIDGE MD 21613

HILLSBOROUGH NJ 08844

SAFE CHAIN SOLUTIONS, LLC

Date Purchased & Ref: 02/23/21

Address: 822 CHESAPEAKE DR

SOLD TO:

Name:

8C13810 Date Received & Ref: 02/23/21

Name:

SHIPPED TO:

SAFE CHAIN SOLUTIONS Name:

Address: 491 AMWELL RD SUITE 103

Address: 822 CHESAPEAKE DR

CAMBRIDGE MD 21613

RC#017438 Date Purchased & Ref: 03/02/21 PO#01212140 Date Received & Ref: 03/03/21

SOLD TO: SHIPPED TO:

Name: DRUGSMART PHARMACY DRUGSMART PHARMACY Name:

Address: 300 MAIN STREET Address: 300 MAIN STREET

> **KEANSBURG NJ 07734 KEANSBURG NJ 07734**

Date Purchased & Ref: 03/03/21 01S40004001 Date Received & Ref: 03/03/21 01S40004001

SOLD TO: SHIPPED TO:

Name: Name: Address: Address:

Date Purchased & Ref: Date Received & Ref:

(TS) Transaction Statement: This Company complied with each applicable subsection of FDCA Sec. 581 (27) (A) – (G)

(A) is authorized as required under the Drug Supply Chain Security Act;

(B) received the product from a person that is authorized as required under the Drug Supply Chain Security Act;

(C) received transaction information and a transaction statement from the prior owner of the product, as required under section 582;

(D) did not knowingly ship a suspect or illegitimate product;

(E) had systems and processes in place to comply with verification requirements under section 582;

(F) did not knowingly provide false transaction information; and

(G) did not knowingly alter the transaction history.

Drug Supply Chain Security Act Document Doc#00000021100

(TI) Transaction Information

Drug Name, Strength, Dosage Form, Container Size:

BIKTARVY 30CT,

50/200/25 MG

NDC: 61958-2501-01

 Lot Number
 Quantity
 Unique Serial #

 020733
 11

 021350
 4

 022614
 2

Reference Number: 01I44141

Document Type: Invoice

Reference Date: 03/03/21

(TH) Transaction History

Manufacturer's Name: GILEAD SCIENCES, INC

Manufacturer's information800 WHEELER AVENUE LA VERNE, CA 91750

SOLD TO: SHIPPED TO: Name: WHOLESALERS GROUP INC. SHIPPED TO: Name: WHO

Address: 917 CALLE TRINITY

CAROLINA PR 00982

Date Purchased & Ref: 02/07/21 14921679

Name: WHOLESALERS GROUP INC.

Address: 917 CALLE TRINITY
CAROLINA PR 00982

Date Received & Ref: 02/07/21 921679

SOLD TO: SHIPPED TO:

Name: SYNERGY GROUP WHOLESALERS
Address: 491 AMWELL RD SUITE 103

Name: SYNERGY GROUP WHOLESALERS
Address: 491 AMWELL RD SUITE 103

dress: 491 AMWELL RD SUITE 103
HILLSBOROUGH NJ 08844
Address: 491 AMWELL RD SUITE 103
HILLSBOROUGH NJ 08844

Date Purchased & Ref: 02/23/21 8C13810 Date Received & Ref: 02/23/21 8C13810

SOLD TO: SHIPPED TO:

Name: SAFE CHAIN SOLUTIONS, LLC
Address: 822 CHESAPEAKE DR

Name: SAFE CHAIN SOLUTIONS
Address: 822 CHESAPEAKE DR

CAMBRIDGE MD 21613 CAMBRIDGE MD 21613

Date Purchased & Ref: 03/02/21 PO#01212140 Date Received & Ref: 03/03/21 RC#017438

SOLD TO: || SHIPPED TO:

Name: MEDICINE SHOPPE #1802
Address: 10313 GEORGIA AVENUE #101

Name: MEDICINE SHOPPE #1802
Address: 10313 GEORGIA AVENUE #101

SILVER SPRING MD 20902 SILVER SPRING MD 20902

Date Purchased & Ref: 03/03/21 01S40015001 | Date Received & Ref: 03/03/21 01S40015001

SOLD TO:
Name:
Address:

SHIPPED TO:
Name:
Address:

Date Purchased & Ref : Date Received & Ref :

(TS) Transaction Statement: This Company complied with each applicable subsection of FDCA Sec. 581 (27) (A) – (G)

- (A) is authorized as required under the Drug Supply Chain Security Act;
- (B) received the product from a person that is authorized as required under the Drug Supply Chain Security Act;
- (C) received transaction information and a transaction statement from the prior owner of the product, as required under section 582;
- (D) did not knowingly ship a suspect or illegitimate product;
- (E) had systems and processes in place to comply with verification requirements under section 582;
- (F) did not knowingly provide false transaction information; and
- (G) did not knowingly alter the transaction history.

Page: 1 of 3 pages.

Drug Supply Chain Security Act Document

(TI) Transaction Information

Drug Name, Strength, Dosage Form, Container Size:

BIKTARVY 30CT,

50/200/25 MG

NDC: 61958-2501-01

Lot Number Quantity **Unique Serial #** 022616 2 023255 1 023775 1

Reference Number:

Document Type: Reference Date:

Invoice 03/03/21

01144141

(TH) Transaction History

Manufacturer's Name: **GILEAD SCIENCES, INC**

Manufacturer's information800 WHEELER AVENUE LA VERNE, CA 91750

SOLD TO: Name: WHOLESALERS GROUP INC.

Address: 917 CALLE TRINITY

CAROLINA PR 00982

Date Purchased & Ref: 02/07/21 14921679 SHIPPED TO:

WHOLESALERS GROUP INC.

Address: 917 CALLE TRINITY

CAROLINA PR 00982

Date Received & Ref: 02/07/21 921679

SOLD TO:

Name: SYNERGY GROUP WHOLESALERS

Address: 491 AMWELL RD SUITE 103

HILLSBOROUGH NJ 08844

Date Purchased & Ref: 02/23/21

SHIPPED TO:

SYNERGY GROUP WHOLESALERS Name:

Address: 491 AMWELL RD SUITE 103

HILLSBOROUGH NJ 08844

8C13810 Date Received & Ref: 02/23/21

SOLD TO:

Name: SAFE CHAIN SOLUTIONS, LLC

Address: 822 CHESAPEAKE DR

CAMBRIDGE MD 21613

Date Purchased & Ref: 03/02/21

SHIPPED TO:

SAFE CHAIN SOLUTIONS Name:

Address: 822 CHESAPEAKE DR

CAMBRIDGE MD 21613

RC#017438 Date Received & Ref: 03/03/21

SOLD TO:

Name: **MEDICINE SHOPPE #1802** Address: 10313 GEORGIA AVENUE #101

SILVER SPRING MD 20902

Date Purchased & Ref: 03/03/21 01S40015001 SHIPPED TO:

MEDICINE SHOPPE #1802 Name: Address: 10313 GEORGIA AVENUE #101

SILVER SPRING MD 20902

Date Received & Ref: 03/03/21 01S40015001

SOLD TO:

Name:

Address:

Date Purchased & Ref:

SHIPPED TO:

Name: Address:

Date Received & Ref:

(TS) Transaction Statement: This Company complied with each applicable subsection of FDCA Sec. 581 (27) (A) – (G)

- (A) is authorized as required under the Drug Supply Chain Security Act;
- (B) received the product from a person that is authorized as required under the Drug Supply Chain Security Act; (C) received transaction information and a transaction statement from the prior owner of the product, as required under section 582;

8C13810

PO#01212140

- (D) did not knowingly ship a suspect or illegitimate product;
- (E) had systems and processes in place to comply with verification requirements under section 582;
- (F) did not knowingly provide false transaction information; and
- (G) did not knowingly alter the transaction history.

Page: 2 of 3 pages.

Unique Serial #

Drug Supply Chain Security Act Document Doc#00000021100

(TI) Transaction Information

Drug Name, Strength, Dosage Form, Container Size:

3

1

BIKTARVY 30CT,

50/200/25 MG NDC: 61958-2501-01

NDC: 61958-2501-01

Lot Number Quantity

025101

CFBGKA

Reference Number: _
Document Type:

01I44141 Invoice

Reference Date:

03/03/21

SYNERGY GROUP WHOLESALERS

Address: 491 AMWELL RD SUITE 103

HILLSBOROUGH NJ 08844

(TH) Transaction History

Manufacturer's Name: GILEAD SCIENCES, INC

Manufacturer's information800 WHEELER AVENUE LA VERNE, CA 91750

SOLD TO:
Name: WHOLESALERS GROUP INC.
Address: 917 CALLE TRINITY

SHIPPED TO:
Name: WHOLESALERS GROUP INC.
Address: 917 CALLE TRINITY

CAROLINA PR 00982 CAROLINA PR 00982

Date Purchased & Ref : 02/07/21 14921679 Date Received & Ref : 02/07/21 921679

Name:

SOLD TO: SHIPPED TO:

Name: SYNERGY GROUP WHOLESALERS
Address: 491 AMWELL RD SUITE 103

HILLSBOROUGH NJ 08844

Date Purchased & Ref: 02/23/21 8C13810 Date Received & Ref: 02/23/21 8C13810

SOLD TO: SHIPPED TO:

Name: SAFE CHAIN SOLUTIONS, LLC
Address: 822 CHESAPEAKE DR

Name: SAFE CHAIN SOLUTIONS
Address: 822 CHESAPEAKE DR

CAMBRIDGE MD 21613 CAMBRIDGE MD 21613

Date Purchased & Ref: 03/02/21 PO#01212140 Date Received & Ref: 03/03/21 RC#017438

SOLD TO: || SHIPPED TO:

Name: MEDICINE SHOPPE #1802
Address: 10313 GEORGIA AVENUE #101

Name: MEDICINE SHOPPE #1802
Address: 10313 GEORGIA AVENUE #101

SILVER SPRING MD 20902 SILVER SPRING MD 20902

Date Purchased & Ref: 03/03/21 01S40015001 | Date Received & Ref: 03/03/21 01S40015001

SOLD TO: SHIPPED TO: Name:

Name:
Address:

Address:

Date Purchased & Ref : | Date Received & Ref :

(TS) Transaction Statement: This Company complied with each applicable subsection of FDCA Sec. 581 (27) (A) – (G)

- (A) is authorized as required under the Drug Supply Chain Security Act;
- (B) received the product from a person that is authorized as required under the Drug Supply Chain Security Act;
- (C) received transaction information and a transaction statement from the prior owner of the product, as required under section 582;
- (D) did not knowingly ship a suspect or illegitimate product;
- (E) had systems and processes in place to comply with verification requirements under section 582;
- (F) did not knowingly provide false transaction information; and
- (G) did not knowingly alter the transaction history.

Page: 3 of 3 pages.

Drug Supply Chain Security Act Document Doc#00000021105

SHIPPED TO:

(TI) Transaction Information

Drug Name, Strength, Dosage Form, Container Size:

DESCOVY TAB 30CT,

200/25MG Reference Number: 01I44144

NDC: 61958-2002-01 Document Type: Invoice

Lot Number Quantity Unique Serial # Reference Date: 03/03/21

 Lot Number
 Quantity
 Unique Serial #

 019457
 1

 019816
 2

 021596
 1

(TH) Transaction History

SOLD TO:

Manufacturer's Name: GILEAD SCIENCES, INC

Manufacturer's information800 WHEELER AVENUE LA VERNE, CA 91750

Name: WHOLESALERS GROUP INC. | Name: WHOLESALERS GROUP INC.

Address: 917 CALLE TRINITY

Address: 917 CALLE TRINITY

CAROLINA PR 00982 CAROLINA PR 00982

Date Purchased & Ref: 02/07/21 14921679 | Date Received & Ref: 02/07/21 14921679

SOLD TO: SHIPPED TO:

Name: SYNERGY GROUP WHOLESALERS | Name: SYNERGY GROUP WHOLESALERS

Address: 491 AMWELL RD SUITE 103
HILLSBOROUGH NJ 08844
Address: 491 AMWELL RD SUITE 103
HILLSBOROUGH NJ 08844

Date Purchased & Ref: 02/23/21 8C13810 Date Received & Ref: 02/23/21 8C13810

SOLD TO: SHIPPED TO:

Name: SAFE CHAIN SOLUTIONS, LLC
Address: 822 CHESAPEAKE DR

Name: SAFE CHAIN SOLUTIONS
Address: 822 CHESAPEAKE DR

CAMBRIDGE MD 21613 CAMBRIDGE MD 21613

Date Purchased & Ref: 03/02/21 PO#01212140 Date Received & Ref: 03/03/21 RC#017439

SOLD TO: SHIPPED TO:

Name: LEROY PHARMACY
Address: 314 EAST 204TH ST

Name: LEROY PHARMACY
Address: 314 EAST 204TH ST

BRONX NY 10467 BRONX NY 10467

Date Purchased & Ref: 03/03/21 01S40011001 Date Received & Ref: 03/03/21 01S40011001

SOLD TO: SHIPPED TO:

Name:
Address:

Name:
Address:

Date Purchased & Ref : Date Received & Ref :

(TS) Transaction Statement: This Company complied with each applicable subsection of FDCA Sec. 581 (27) (A) – (G)

- (A) is authorized as required under the Drug Supply Chain Security Act;
- (B) received the product from a person that is authorized as required under the Drug Supply Chain Security Act;
- (C) received transaction information and a transaction statement from the prior owner of the product, as required under section 582;
- (D) did not knowingly ship a suspect or illegitimate product;
- (E) had systems and processes in place to comply with verification requirements under section 582;
- (F) did not knowingly provide false transaction information; and
- (G) did not knowingly alter the transaction history.

Page: 1 of 4 pages.

Drug Supply Chain Security Act Document Doc#00000021105

(TI) Transaction Information

Drug Name, Strength, Dosage Form, Container Size:

DESCOVY TAB 30CT,

200/25MG Reference Number: 01I44144

NDC: 61958-2002-01 Document Type: Invoice

Lot Number | Quantity | Unique Serial # Reference Date: 03/03/21

 Lot Number
 Quantity
 Unique Serial #

 021597
 1

 022575
 1

 022577
 1

(TH) Transaction History

Manufacturer's Name: GILEAD SCIENCES, INC

Manufacturer's information800 WHEELER AVENUE LA VERNE,CA 91750

SOLD TO:
Name: WHOLESALERS GROUP INC.

SHIPPED TO:
Name: WHOLESALERS GROUP INC.

Address: 917 CALLE TRINITY Address: 917 CALLE TRINITY

CAROLINA PR 00982 CAROLINA PR 00982

Date Purchased & Ref : 02/07/21 14921679 Date Received & Ref : 02/07/21 14921679

SOLD TO: SHIPPED TO:

Name: SYNERGY GROUP WHOLESALERS | Name: SYNERGY GROUP WHOLESALERS

Address: 491 AMWELL RD SUITE 103
HILLSBOROUGH NJ 08844
Address: 491 AMWELL RD SUITE 103
HILLSBOROUGH NJ 08844

Date Purchased & Ref: 02/23/21 8C13810 Date Received & Ref: 02/23/21 8C13810

SOLD TO: SHIPPED TO:

Name: SAFE CHAIN SOLUTIONS, LLC
Address: 822 CHESAPEAKE DR

Name: SAFE CHAIN SOLUTIONS
Address: 822 CHESAPEAKE DR

CAMBRIDGE MD 21613 CAMBRIDGE MD 21613

Date Purchased & Ref: 03/02/21 PO#01212140 Date Received & Ref: 03/03/21 RC#017439

SOLD TO: SHIPPED TO:

Name: LEROY PHARMACY
Address: 314 EAST 204TH ST
BRONX NY 10467

Name: LEROY PHARMACY
Address: 314 EAST 204TH ST
BRONX NY 10467

Date Purchased & Ref : 03/03/21 01S40011001 Date Received & Ref : 03/03/21 01S40011001

SOLD TO:
Name:

SHIPPED TO:
Name:

Address:

Date Purchased & Ref :

Date Received & Ref :

(TS) Transaction Statement: This Company complied with each applicable subsection of FDCA Sec. 581 (27) (A) – (G)

(A) is authorized as required under the Drug Supply Chain Security Act;

(B) received the product from a person that is authorized as required under the Drug Supply Chain Security Act;

(C) received transaction information and a transaction statement from the prior owner of the product, as required under section 582;

(D) did not knowingly ship a suspect or illegitimate product;

(E) had systems and processes in place to comply with verification requirements under section 582;

(F) did not knowingly provide false transaction information; and

(G) did not knowingly alter the transaction history.

Page: 2 of 4 pages.

Drug Supply Chain Security Act Document

(TI) Transaction Information

Drug Name, Strength, Dosage Form, Container Size:

DESCOVY TAB 30CT.

200/25MG

NDC: 61958-2002-01

Lot Number Quantity **Unique Serial #** 6425303A 6468401D 1 6485402A 1

Reference Number: Invoice

Document Type: Reference Date:

03/03/21

01144144

(TH) Transaction History

Manufacturer's Name: **GILEAD SCIENCES, INC**

Manufacturer's information800 WHEELER AVENUE LA VERNE, CA 91750

SOLD TO: SHIPPED TO: Name: WHOLESALERS GROUP INC. WHOLESALERS GROUP INC. Address: 917 CALLE TRINITY Address: 917 CALLE TRINITY **CAROLINA PR 00982 CAROLINA PR 00982** Date Purchased & Ref: 02/07/21 14921679 Date Received & Ref: 02/07/21 14921679

SOLD TO: SHIPPED TO:

Name: SYNERGY GROUP WHOLESALERS SYNERGY GROUP WHOLESALERS Name:

Address: 491 AMWELL RD SUITE 103 Address: 491 AMWELL RD SUITE 103

HILLSBOROUGH NJ 08844 HILLSBOROUGH NJ 08844

8C13810 8C13810 Date Received & Ref: 02/23/21 Date Purchased & Ref: 02/23/21

SOLD TO: SHIPPED TO:

Name: SAFE CHAIN SOLUTIONS, LLC SAFE CHAIN SOLUTIONS Name: Address: 822 CHESAPEAKE DR Address: 822 CHESAPEAKE DR

CAMBRIDGE MD 21613 CAMBRIDGE MD 21613

RC#017439 Date Purchased & Ref: 03/02/21 Date Received & Ref: 03/03/21 PO#01212140

SOLD TO: SHIPPED TO:

Name: LEROY PHARMACY LEROY PHARMACY Name: Address: 314 EAST 204TH ST Address: 314 EAST 204TH ST

BRONX NY 10467 BRONX NY 10467 Date Purchased & Ref: 03/03/21 01S40011001 Date Received & Ref: 03/03/21 01S40011001

SOLD TO: SHIPPED TO: Name: Name: Address: Address:

Date Purchased & Ref: Date Received & Ref:

(TS) Transaction Statement: This Company complied with each applicable subsection of FDCA Sec. 581 (27) (A) – (G)

- (A) is authorized as required under the Drug Supply Chain Security Act;
- (B) received the product from a person that is authorized as required under the Drug Supply Chain Security Act;
- (C) received transaction information and a transaction statement from the prior owner of the product, as required under section 582;
- (D) did not knowingly ship a suspect or illegitimate product;
- (E) had systems and processes in place to comply with verification requirements under section 582;
- (F) did not knowingly provide false transaction information; and
- (G) did not knowingly alter the transaction history.

Page: 3 of 4 pages.

Drug Supply Chain Security Act Document

(TI) Transaction Information

Drug Name, Strength, Dosage Form, Container Size:

DESCOVY TAB 30CT.

200/25MG

NDC: 61958-2002-01

Lot Number Quantity **Unique Serial #** 6485403A

Reference Number:

Document Type: Reference Date:

Invoice 03/03/21

01144144

(TH) Transaction History

Manufacturer's Name: **GILEAD SCIENCES, INC**

Manufacturer's information800 WHEELER AVENUE LA VERNE, CA 91750

SOLD TO: SHIPPED TO: Name: WHOLESALERS GROUP INC. WHOLESALERS GROUP INC. Address: 917 CALLE TRINITY Address: 917 CALLE TRINITY **CAROLINA PR 00982 CAROLINA PR 00982** Date Purchased & Ref: 02/07/21 14921679 Date Received & Ref: 02/07/21 14921679 SOLD TO: SHIPPED TO: Name: SYNERGY GROUP WHOLESALERS SYNERGY GROUP WHOLESALERS Name: Address: 491 AMWELL RD SUITE 103 Address: 491 AMWELL RD SUITE 103 **HILLSBOROUGH NJ 08844 HILLSBOROUGH NJ 08844** 8C13810 8C13810 Date Received & Ref: 02/23/21 Date Purchased & Ref: 02/23/21 SOLD TO: SHIPPED TO: Name: SAFE CHAIN SOLUTIONS, LLC SAFE CHAIN SOLUTIONS Name: Address: 822 CHESAPEAKE DR Address: 822 CHESAPEAKE DR **CAMBRIDGE MD 21613 CAMBRIDGE MD 21613** RC#017439 Date Purchased & Ref: 03/02/21 Date Received & Ref: 03/03/21 PO#01212140

SOLD TO: Name: LEROY PHARMACY

Address: 314 EAST 204TH ST **BRONX NY 10467**

Date Purchased & Ref: 03/03/21

01S40011001

SHIPPED TO:

LEROY PHARMACY Name: Address: 314 EAST 204TH ST

BRONX NY 10467

Date Received & Ref: 03/03/21 01S40011001

SOLD TO: SHIPPED TO: Name: Name: Address: Address:

Date Purchased & Ref: Date Received & Ref:

(TS) Transaction Statement: This Company complied with each applicable subsection of FDCA Sec. 581 (27) (A) – (G)

- (A) is authorized as required under the Drug Supply Chain Security Act;
- (B) received the product from a person that is authorized as required under the Drug Supply Chain Security Act;
- (C) received transaction information and a transaction statement from the prior owner of the product, as required under section 582;
- (D) did not knowingly ship a suspect or illegitimate product;
- (E) had systems and processes in place to comply with verification requirements under section 582;
- (F) did not knowingly provide false transaction information; and
- (G) did not knowingly alter the transaction history.

Page: 4 of 4 pages.

Unique Serial #

Drug Supply Chain Security Act Document Doc#00000021107

(TI) Transaction Information

Drug Name, Strength, Dosage Form, Container Size:

12

GENVOYA TAB 30CT, 150/150/200/10MG

CFCMFA

NDC: 61958-1901-01

Lot Number Quantity

Reference Number: _
Document Type: _

01I44144 Invoice

Reference Date:

03/03/21

(TH) Transaction History

Manufacturer's Name: GILEAD SCIENCES, INC

Manufacturer's information800 WHEELER AVENUE LA VERNE, CA 91750

SOLD TO: SHIPPED TO: Name: WHOLESALERS GROUP INC. WHOLESALERS GROUP INC. Address: 917 CALLE TRINITY Address: 917 CALLE TRINITY **CAROLINA PR 00982 CAROLINA PR 00982** Date Purchased & Ref: 02/07/21 14921679 Date Received & Ref: 02/07/21 14921679 SOLD TO: SHIPPED TO: Name: SYNERGY GROUP WHOLESALERS SYNERGY GROUP WHOLESALERS Name: Address: 491 AMWELL RD SUITE 103 Address: 491 AMWELL RD SUITE 103 **HILLSBOROUGH NJ 08844 HILLSBOROUGH NJ 08844** 8C13810 8C13810 Date Received & Ref: 02/23/21 Date Purchased & Ref: 02/23/21 SOLD TO: SHIPPED TO: Name: SAFE CHAIN SOLUTIONS, LLC SAFE CHAIN SOLUTIONS Name: Address: 822 CHESAPEAKE DR Address: 822 CHESAPEAKE DR **CAMBRIDGE MD 21613 CAMBRIDGE MD 21613** RC#017439 Date Purchased & Ref: 03/02/21 Date Received & Ref: 03/03/21 PO#01212140 SOLD TO: SHIPPED TO: Name: LEROY PHARMACY LEROY PHARMACY Name: Address: 314 EAST 204TH ST Address: 314 EAST 204TH ST **BRONX NY 10467 BRONX NY 10467** Date Purchased & Ref: 03/03/21 01S40011001 Date Received & Ref: 03/03/21 01S40011001 SOLD TO: SHIPPED TO: Name: Name: Address: Address:

(TS) Transaction Statement: This Company complied with each applicable subsection of FDCA Sec. 581 (27) (A) – (G)

Date Received & Ref:

- (A) is authorized as required under the Drug Supply Chain Security Act;
- (B) received the product from a person that is authorized as required under the Drug Supply Chain Security Act;
- (C) received transaction information and a transaction statement from the prior owner of the product, as required under section 582;
- (D) did not knowingly ship a suspect or illegitimate product;
- (E) had systems and processes in place to comply with verification requirements under section 582;
- (F) did not knowingly provide false transaction information; and
- (G) did not knowingly alter the transaction history.

Date Purchased & Ref:

Drug Supply Chain Security Act Document Doc#00000021100

(TI) Transaction Information

Drug Name, Strength, Dosage Form, Container Size:

INTELENCE 200MG TAB 60CT,

NDC: 59676-0571-01

Lot Number Quantity Unique Serial #
KGL0001 2

Reference Number: ___

01I44143 Invoice

Document Type: Reference Date:

03/03/21

(TH) Transaction History

Manufacturer's Name: JANSSEN

Manufacturer's information000 US-202 RARITAN,NJ 08869

SOLD TO: Name: WHO

me: WHOLESALERS GROUP INC.

Address: 917 CALLE TRINITY

CAROLINA PR 00982

Date Purchased & Ref: 02/07/21

SHIPPED TO:

Jame: WHOLESALERS GROUP INC.

Address: 917 CALLE TRINITY

CAROLINA PR 00982

Date Received & Ref: 02/07/21 14921679

SOLD TO:

Name: SYNERGY GROUP WHOLESALERS

Address: 491 AMWELL RD SUITE 103

HILLSBOROUGH NJ 08844

Date Purchased & Ref: 02/23/21

SHIPPED TO:

Name: SYNERGY GROUP WHOLESALERS

Address: 491 AMWELL RD SUITE 103

HILLSBOROUGH NJ 08844

Date Received & Ref : 02/23/21 8C13810

SOLD TO:

Name: SAFE CHAIN SOLUTIONS, LLC

Address: 822 CHESAPEAKE DR

CAMBRIDGE MD 21613

Date Purchased & Ref: 03/02/21

SHIPPED TO:

Name: SAFE CHAIN SOLUTIONS

Address: 822 CHESAPEAKE DR

CAMBRIDGE MD 21613

Date Received & Ref: 03/03/21 RC#017439

SOLD TO:

Name: VAN WYCK PRESCRIPTION CENTER

Address: 88-20B VAN WYCK EXPRESSWAY

RICHMOND HILL NY 11418

Date Purchased & Ref: 03/03/21 01S40024001

SHIPPED TO:

Name: VAN WYCK PRESCRIPTION CENTER Address: 88-20B VAN WYCK EXPRESSWAY

RICHMOND HILL NY 11418

Date Received & Ref: 03/03/21 01S40024001

SOLD TO:

Name:

Address:

Date Purchased & Ref :

SHIPPED TO:

Name: Address:

Date Received & Ref :

(TS) Transaction Statement: This Company complied with each applicable subsection of FDCA Sec. 581 (27) (A) – (G)

- (A) is authorized as required under the Drug Supply Chain Security Act;
- (B) received the product from a person that is authorized as required under the Drug Supply Chain Security Act; (C) received transaction information and a transaction statement from the prior owner of the product, as required under section 582;

14921679

8C13810

PO#01212140

- (D) did not knowingly ship a suspect or illegitimate product;
- (E) had systems and processes in place to comply with verification requirements under section 582;
- (F) did not knowingly provide false transaction information; and
- (G) did not knowingly alter the transaction history.

Drug Supply Chain Security Act Document

(TI) Transaction Information

Drug Name, Strength, Dosage Form, Container Size:

ISENTRESS 400MG TAB 60CT.

NDC: 00006-0227-61

Lot Number Quantity **Unique Serial #** T032793 2 T040169 1 T040170 1

Reference Number:

01144144 Invoice

Document Type: Reference Date:

03/03/21

(TH) Transaction History

Manufacturer's Name: **MERCK SHARP & DOHME**

Manufacturer's information770 SUMNEYTOWN LANDSDALE, PA 19446

SOLD TO: SHIPPED TO: Name: WHOLESALERS GROUP INC. WHOLESALERS GROUP INC. Address: 917 CALLE TRINITY

Address: 917 CALLE TRINITY **CAROLINA PR 00982 CAROLINA PR 00982**

Date Purchased & Ref: 02/07/21 14921679 Date Received & Ref: 02/07/21 14921679

SOLD TO:

Name: SYNERGY GROUP WHOLESALERS

Address: 491 AMWELL RD SUITE 103

HILLSBOROUGH NJ 08844

Date Purchased & Ref: 02/23/21

8C13810

SOLD TO: Name: SAFE CHAIN SOLUTIONS, LLC

Address: 822 CHESAPEAKE DR

CAMBRIDGE MD 21613

Date Purchased & Ref: 03/02/21

SHIPPED TO:

SHIPPED TO:

Name:

SAFE CHAIN SOLUTIONS Name: Address: 822 CHESAPEAKE DR

Address: 491 AMWELL RD SUITE 103

CAMBRIDGE MD 21613

RC#017439 Date Received & Ref: 03/03/21

HILLSBOROUGH NJ 08844

SYNERGY GROUP WHOLESALERS

8C13810

SOLD TO: SHIPPED TO:

Name: LEROY PHARMACY Address: 314 EAST 204TH ST

BRONX NY 10467

Date Purchased & Ref: 03/03/21 01S40011001

LEROY PHARMACY Name:

Date Received & Ref: 02/23/21

Address: 314 EAST 204TH ST **BRONX NY 10467**

Date Received & Ref: 03/03/21 01S40011001

SOLD TO: SHIPPED TO:

Name: Name: Address: Address:

Date Purchased & Ref: Date Received & Ref:

(TS) Transaction Statement: This Company complied with each applicable subsection of FDCA Sec. 581 (27) (A) – (G)

- (A) is authorized as required under the Drug Supply Chain Security Act;
- (B) received the product from a person that is authorized as required under the Drug Supply Chain Security Act;

PO#01212140

- (C) received transaction information and a transaction statement from the prior owner of the product, as required under section 582; (D) did not knowingly ship a suspect or illegitimate product;
- (E) had systems and processes in place to comply with verification requirements under section 582;
- (F) did not knowingly provide false transaction information; and
- (G) did not knowingly alter the transaction history.

Drug Supply Chain Security Act Document

(TI) Transaction Information

Drug Name, Strength, Dosage Form, Container Size:

MAVYRET TAB 84CT,

100/40MG NDC: 00074-2625-28

Lot Number Quantity **Unique Serial #** 1131125

Reference Number: Invoice

Document Type: Reference Date:

03/03/21

01144137

(TH) Transaction History

Manufacturer's Name: AbbVie, Inc

Manufacturer's information 400 Sheridan Rd North Chicago, IL 60064

SHIPPED TO: SOLD TO: Name: WHOLESALERS GROUP INC. WHOLESALERS GROUP INC. Name: Address: 917 CALLE TRINITY Address: 917 CALLE TRINITY **CAROLINA PR 00982 CAROLINA PR 00982** Date Purchased & Ref: 02/07/21 14921679 Date Received & Ref: 02/07/21 14921679 SOLD TO: SHIPPED TO: Name: SYNERGY GROUP WHOLESALERS SYNERGY GROUP WHOLESALERS Name: Address: 491 AMWELL RD SUITE 103 Address: 491 AMWELL RD SUITE 103 **HILLSBOROUGH NJ 08844 HILLSBOROUGH NJ 08844** 8C13810 8C13810 Date Received & Ref: 02/23/21 Date Purchased & Ref: 02/23/21 SOLD TO: SHIPPED TO: Name: SAFE CHAIN SOLUTIONS, LLC SAFE CHAIN SOLUTIONS Name: Address: 822 CHESAPEAKE DR Address: 822 CHESAPEAKE DR **CAMBRIDGE MD 21613 CAMBRIDGE MD 21613** RC#017439 Date Purchased & Ref: 03/02/21 PO#01212140 Date Received & Ref: 03/03/21 SOLD TO: SHIPPED TO: KINGS SUPER PHARMACY Name: KINGS SUPER PHARMACY Name: Address: 357 FLATBUSH AVE Address: 357 FLATBUSH AVE **BROOKLYN NY 11238 BROOKLYN NY 11238** Date Purchased & Ref: 03/03/21 01S40021001 Date Received & Ref: 03/03/21 01S40021001 SOLD TO: SHIPPED TO: Name: Name:

(TS) Transaction Statement: This Company complied with each applicable subsection of FDCA Sec. 581 (27) (A) – (G)

Address:

Date Received & Ref:

- (A) is authorized as required under the Drug Supply Chain Security Act;
- (B) received the product from a person that is authorized as required under the Drug Supply Chain Security Act;
- (C) received transaction information and a transaction statement from the prior owner of the product, as required under section 582;
- (D) did not knowingly ship a suspect or illegitimate product;
- (E) had systems and processes in place to comply with verification requirements under section 582;
- (F) did not knowingly provide false transaction information; and
- (G) did not knowingly alter the transaction history.

Address:

Date Purchased & Ref:

Drug Supply Chain Security Act Document Doc#00000021111

(TI) Transaction Information

Drug Name, Strength, Dosage Form, Container Size:

ODEFSEY TAB 30CT,

200/25/25 MG NDC: 61958-2101-01

NDC: 61958-2101-01

019825 020233

020479

per Quantity Unique Serial #

Reference Number:

01I44144 Invoice

Document Type: Reference Date:

03/03/21

(TH) Transaction History

Manufacturer's Name: JANSSEN

Manufacturer's information000 US-202 RARITAN,NJ 08869

SOLD TO:
Name: WHOLESALERS GROUP INC.
SHIPPED TO:
Name: WHO

Address: 917 CALLE TRINITY

CAROLINA PR 00982

Date Purchased & Ref: 02/07/21 14921679

Name: WHOLESALERS GROUP INC.

Address: 917 CALLE TRINITY
CAROLINA PR 00982

Date Received & Ref : 02/07/21 14921679

SOLD TO: SHIPPED TO:

Name: SYNERGY GROUP WHOLESALERS
Address: 491 AMWELL RD SUITE 103

Name: SYNERGY GROUP WHOLESALERS
Address: 491 AMWELL RD SUITE 103

HILLSBOROUGH NJ 08844 Address: 491 AMWELL RD SUITE 103
HILLSBOROUGH NJ 08844

Date Purchased & Ref: 02/23/21 8C13810 Date Received & Ref: 02/23/21 8C13810

SOLD TO: SHIPPED TO:

Name: SAFE CHAIN SOLUTIONS, LLC
Address: 822 CHESAPEAKE DR

Name: SAFE CHAIN SOLUTIONS
Address: 822 CHESAPEAKE DR

CAMBRIDGE MD 21613 CAMBRIDGE MD 21613

Date Purchased & Ref: 03/02/21 PO#01212140 Date Received & Ref: 03/03/21 RC#017439

SOLD TO: SHIPPED TO:

Name: LEROY PHARMACY
Address: 314 EAST 204TH ST

Name: LEROY PHARMACY
Address: 314 EAST 204TH ST

BRONX NY 10467 BRONX NY 10467

Date Purchased & Ref : 03/03/21 01S40011001 Date Received & Ref : 03/03/21 01S40011001

SOLD TO: SHIPPED TO:

Name:
Address:
Name:
Address:

Date Purchased & Ref : | Date Received & Ref :

(TS) Transaction Statement: This Company complied with each applicable subsection of FDCA Sec. 581 (27) (A) – (G)

- (A) is authorized as required under the Drug Supply Chain Security Act;
- (B) received the product from a person that is authorized as required under the Drug Supply Chain Security Act;
- (C) received transaction information and a transaction statement from the prior owner of the product, as required under section 582;
- (D) did not knowingly ship a suspect or illegitimate product;
- (E) had systems and processes in place to comply with verification requirements under section 582;
- (F) did not knowingly provide false transaction information; and
- (G) did not knowingly alter the transaction history.

Page: 1 of 2 pages.

Drug Supply Chain Security Act Document

(TI) Transaction Information

Drug Name, Strength, Dosage Form, Container Size:

ODEFSEY TAB 30CT,

200/25/25 MG

NDC: 61958-2101-01 Lot Number

021327 023234

020236

Quantity **Unique Serial #** 1 1

01144144 Reference Number: Invoice **Document Type:**

03/03/21 Reference Date:

(TH) Transaction History

Manufacturer's Name: **JANSSEN**

Manufacturer's information000 US-202 RARITAN,NJ 08869

SHIPPED TO: SOLD TO: Name: WHOLESALERS GROUP INC. WHOLESALERS GROUP INC. Name: Address: 917 CALLE TRINITY Address: 917 CALLE TRINITY **CAROLINA PR 00982 CAROLINA PR 00982** Date Purchased & Ref: 02/07/21 14921679 Date Received & Ref: 02/07/21 14921679

SOLD TO:

Name: SYNERGY GROUP WHOLESALERS

Address: 491 AMWELL RD SUITE 103

HILLSBOROUGH NJ 08844

Date Purchased & Ref: 02/23/21

8C13810

SHIPPED TO:

SYNERGY GROUP WHOLESALERS Name:

Address: 491 AMWELL RD SUITE 103 **HILLSBOROUGH NJ 08844**

8C13810 Date Received & Ref: 02/23/21

SOLD TO:

Name: SAFE CHAIN SOLUTIONS, LLC

Address: 822 CHESAPEAKE DR

CAMBRIDGE MD 21613

Date Purchased & Ref: 03/02/21

SHIPPED TO: Name:

SAFE CHAIN SOLUTIONS Address: 822 CHESAPEAKE DR

CAMBRIDGE MD 21613

RC#017439 Date Received & Ref: 03/03/21

SOLD TO:

Name: LEROY PHARMACY Address: 314 EAST 204TH ST

BRONX NY 10467

Date Purchased & Ref: 03/03/21

SHIPPED TO:

LEROY PHARMACY Name: Address: 314 EAST 204TH ST

BRONX NY 10467

Date Received & Ref: 03/03/21 01S40011001

SOLD TO: Name: Address:

Date Purchased & Ref:

01S40011001

PO#01212140

SHIPPED TO:

Name: Address:

Date Received & Ref:

(TS) Transaction Statement: This Company complied with each applicable subsection of FDCA Sec. 581 (27) (A) – (G)

- (A) is authorized as required under the Drug Supply Chain Security Act;
- (B) received the product from a person that is authorized as required under the Drug Supply Chain Security Act;
- (C) received transaction information and a transaction statement from the prior owner of the product, as required under section 582;
- (D) did not knowingly ship a suspect or illegitimate product;
- (E) had systems and processes in place to comply with verification requirements under section 582;
- (F) did not knowingly provide false transaction information; and
- (G) did not knowingly alter the transaction history.

Page: 2 of 2 pages.

Drug Supply Chain Security Act Document

(TI) Transaction Information

Drug Name, Strength, Dosage Form, Container Size:

ODEFSEY TAB 30CT,

200/25/25 MG

NDC: 61958-2101-01

Lot Number Quantity **Unique Serial #** 023236 2 023237 1 023238 1

Reference Number:

Document Type: Reference Date:

Invoice 03/03/21

01144141

(TH) Transaction History

Manufacturer's Name: **JANSSEN**

Manufacturer's information000 US-202 RARITAN,NJ 08869

SOLD TO:

Name: WHOLESALERS GROUP INC.

Address: 917 CALLE TRINITY

CAROLINA PR 00982

Date Purchased & Ref: 02/07/21

SHIPPED TO:

WHOLESALERS GROUP INC. Name:

Address: 917 CALLE TRINITY

CAROLINA PR 00982

Date Received & Ref: 02/07/21 14921679

SOLD TO:

Name: SYNERGY GROUP WHOLESALERS

Address: 491 AMWELL RD SUITE 103

HILLSBOROUGH NJ 08844

Date Purchased & Ref: 02/23/21

8C13810

14921679

SHIPPED TO:

SYNERGY GROUP WHOLESALERS Name:

Address: 491 AMWELL RD SUITE 103

HILLSBOROUGH NJ 08844

8C13810 Date Received & Ref: 02/23/21

SOLD TO:

Name: SAFE CHAIN SOLUTIONS, LLC

Address: 822 CHESAPEAKE DR

CAMBRIDGE MD 21613

Date Purchased & Ref: 03/02/21 PO#01212140 SHIPPED TO:

SAFE CHAIN SOLUTIONS Name: Address: 822 CHESAPEAKE DR

CAMBRIDGE MD 21613

RC#017439 Date Received & Ref: 03/03/21

SOLD TO:

Name: **MEDICINE SHOPPE #1802** Address: 10313 GEORGIA AVENUE #101

SILVER SPRING MD 20902

Date Purchased & Ref: 03/03/21 01S40015001 SHIPPED TO:

MEDICINE SHOPPE #1802 Name: Address: 10313 GEORGIA AVENUE #101

SILVER SPRING MD 20902

Date Received & Ref: 03/03/21 01S40015001

SOLD TO:

Name:

Address:

Date Purchased & Ref:

SHIPPED TO:

Name: Address:

Date Received & Ref:

(TS) Transaction Statement: This Company complied with each applicable subsection of FDCA Sec. 581 (27) (A) – (G)

- (A) is authorized as required under the Drug Supply Chain Security Act;
- (B) received the product from a person that is authorized as required under the Drug Supply Chain Security Act; (C) received transaction information and a transaction statement from the prior owner of the product, as required under section 582;
- (D) did not knowingly ship a suspect or illegitimate product;
- (E) had systems and processes in place to comply with verification requirements under section 582;
- (F) did not knowingly provide false transaction information; and
- (G) did not knowingly alter the transaction history.

Drug Supply Chain Security Act Document Doc#00000021112

(TI) Transaction Information

Drug Name, Strength, Dosage Form, Container Size:

ODEFSEY TAB 30CT,

200/25/25 MG NDC: 61958-2101-01

NDC: 61958-2101-01

Lot Number Quantity Unique Serial #
023334 1
023779 2

Reference Number:

01I44141 Invoice

Document Type: Reference Date:

03/03/21

(TH) Transaction History

Manufacturer's Name: JANSSEN

Manufacturer's information000 US-202 RARITAN,NJ 08869

SOLD TO: Name: W

ne: WHOLESALERS GROUP INC.

Address: 917 CALLE TRINITY

CAROLINA PR 00982

Date Purchased & Ref: 02/07/21

SHIPPED TO:

Name: WHOLESALERS GROUP INC.

Address: 917 CALLE TRINITY

CAROLINA PR 00982

Date Received & Ref: 02/07/21 14921679

SOLD TO:

Name: SYNERGY GROUP WHOLESALERS

Address: 491 AMWELL RD SUITE 103

HILLSBOROUGH NJ 08844

Date Purchased & Ref: 02/23/21

SHIPPED TO:

Name: SYNERGY GROUP WHOLESALERS

Address: 491 AMWELL RD SUITE 103

HILLSBOROUGH NJ 08844

Date Received & Ref : 02/23/21 8C13810

SOLD TO:

Name: SAFE CHAIN SOLUTIONS, LLC

Address: 822 CHESAPEAKE DR

CAMBRIDGE MD 21613

Date Purchased & Ref: 03/02/21

SHIPPED TO:

Name: SAFE CHAIN SOLUTIONS Address: 822 CHESAPEAKE DR

55. 022 CIILGAF LAKE DK

CAMBRIDGE MD 21613

Date Received & Ref: 03/03/21 RC#017439

SOLD TO:

Name: MEDICINE SHOPPE #1802 Address: 10313 GEORGIA AVENUE #101

SILVER SPRING MD 20902

Date Purchased & Ref: 03/03/21 01S40015001

SHIPPED TO:

Name: MEDICINE SHOPPE #1802 Address: 10313 GEORGIA AVENUE #101

SILVER SPRING MD 20902

Date Received & Ref: 03/03/21 01S40015001

SOLD TO:

Date Purchased & Ref:

Name:

Address:

PO#01212140

14921679

8C13810

SHIPPED TO:

Name: Address:

Date Received & Ref :

(TS) Transaction Statement: This Company complied with each applicable subsection of FDCA Sec. 581 (27) (A) – (G)

- (A) is authorized as required under the Drug Supply Chain Security Act;
- (B) received the product from a person that is authorized as required under the Drug Supply Chain Security Act; (C) received transaction information and a transaction statement from the prior owner of the product, as required under section 582;
- (D) did not knowingly ship a suspect or illegitimate product;
- (E) had systems and processes in place to comply with verification requirements under section 582;
- (F) did not knowingly provide false transaction information; and
- (G) did not knowingly alter the transaction history.

Page: 2 of 2 pages.

Drug Supply Chain Security Act Document Doc#00000021110

(TI) Transaction Information

Drug Name, Strength, Dosage Form, Container Size:

PREZCOBIX TAB 30 CT,

800/150 MG

NDC: 59676-0575-30

 Lot Number
 Quantity
 Unique Serial #

 20LG388
 1

 20LG391
 1

 20MG466
 1

Reference Number: 01I44143

Document Type: Reference Date: Invoice 03/03/21

(TH) Transaction History

Manufacturer's Name: JANSSEN

Manufacturer's information000 US-202 RARITAN,NJ 08869

SOLD TO: Name: WI

lame: WHOLESALERS GROUP INC.

Address: 917 CALLE TRINITY

CAROLINA PR 00982

Date Purchased & Ref: 02/07/21

SHIPPED TO:

Name: WHOLESALERS GROUP INC.

Address: 917 CALLE TRINITY

CAROLINA PR 00982

Date Received & Ref: 02/07/21 14921679

SOLD TO:

Name: SYNERGY GROUP WHOLESALERS

Address: 491 AMWELL RD SUITE 103

HILLSBOROUGH NJ 08844

Date Purchased & Ref: 02/23/21

SHIPPED TO:

Name: SYNERGY GROUP WHOLESALERS

Address: 491 AMWELL RD SUITE 103

HILLSBOROUGH NJ 08844

Date Received & Ref : 02/23/21 8C13810

SOLD TO:

Name: SAFE CHAIN SOLUTIONS, LLC

Address: 822 CHESAPEAKE DR

CAMBRIDGE MD 21613

Date Purchased & Ref: 03/02/21

SHIPPED TO:

Name: SAFE CHAIN SOLUTIONS

Address: 822 CHESAPEAKE DR

CAMBRIDGE MD 21613

Date Received & Ref: 03/03/21 RC#017439

SOLD TO:

Name: VAN WYCK PRESCRIPTION CENTER

Address: 88-20B VAN WYCK EXPRESSWAY

RICHMOND HILL NY 11418

Date Purchased & Ref: 03/03/21 01S40024001

SHIPPED TO:

Name: VAN WYCK PRESCRIPTION CENTER Address: 88-20B VAN WYCK EXPRESSWAY

RICHMOND HILL NY 11418

Date Received & Ref: 03/03/21 01S40024001

SOLD TO:

Name: Address:

Date Purchased & Ref:

SHIPPED TO:

Name: Address:

Date Received & Ref :

(TS) Transaction Statement: This Company complied with each applicable subsection of FDCA Sec. 581 (27) (A) – (G)

- (A) is authorized as required under the Drug Supply Chain Security Act;
- (B) received the product from a person that is authorized as required under the Drug Supply Chain Security Act; (C) received transaction information and a transaction statement from the prior owner of the product, as required under section 582;

14921679

8C13810

PO#01212140

- (D) did not knowingly ship a suspect or illegitimate product;
- (E) had systems and processes in place to comply with verification requirements under section 582;
- (F) did not knowingly provide false transaction information; and
- (G) did not knowingly alter the transaction history.

Drug Supply Chain Security Act Document

(TI) Transaction Information

Drug Name, Strength, Dosage Form, Container Size:

PREZCOBIX TAB 30 CT.

800/150 MG NDC: 59676-0575-30

Lot Number

20LG388

Quantity **Unique Serial #** Reference Number:

01144130 Invoice

Document Type: Reference Date:

03/03/21

(TH) Transaction History

Manufacturer's Name: **JANSSEN**

Manufacturer's information000 US-202 RARITAN,NJ 08869

SOLD TO: Name: WHOLESALERS GROUP INC.

Address: 917 CALLE TRINITY

CAROLINA PR 00982

Date Purchased & Ref: 02/07/21 14921679 SHIPPED TO:

WHOLESALERS GROUP INC.

Address: 917 CALLE TRINITY

CAROLINA PR 00982

Date Received & Ref: 02/07/21 14921679

SOLD TO:

Name: SYNERGY GROUP WHOLESALERS

Address: 491 AMWELL RD SUITE 103

HILLSBOROUGH NJ 08844

Date Purchased & Ref: 02/23/21

SHIPPED TO:

SYNERGY GROUP WHOLESALERS Name:

Address: 491 AMWELL RD SUITE 103

HILLSBOROUGH NJ 08844

8C13810 Date Received & Ref: 02/23/21

SOLD TO:

Name: SAFE CHAIN SOLUTIONS, LLC

Address: 822 CHESAPEAKE DR

CAMBRIDGE MD 21613

Date Purchased & Ref: 03/02/21

SHIPPED TO:

SAFE CHAIN SOLUTIONS Name:

Address: 822 CHESAPEAKE DR

CAMBRIDGE MD 21613

RC#017439 Date Received & Ref: 03/03/21

SOLD TO:

Name: **RARITAN BAY PHARMACY**

Address: 501 NEW BRUNSWICK AVENUE

PERTH AMBOY NJ 08861

Date Purchased & Ref: 03/03/21 01S40036001 SHIPPED TO:

RARITAN BAY PHARMACY Name:

Address: 501 NEW BRUNSWICK AVENUE

PERTH AMBOY NJ 08861

Date Received & Ref: 03/03/21 01S40036001

SOLD TO:

Name: Address:

Date Purchased & Ref:

SHIPPED TO:

Name: Address:

Date Received & Ref:

(TS) Transaction Statement: This Company complied with each applicable subsection of FDCA Sec. 581 (27) (A) – (G)

- (A) is authorized as required under the Drug Supply Chain Security Act;
- (B) received the product from a person that is authorized as required under the Drug Supply Chain Security Act; (C) received transaction information and a transaction statement from the prior owner of the product, as required under section 582;

8C13810

PO#01212140

- (D) did not knowingly ship a suspect or illegitimate product;
- (E) had systems and processes in place to comply with verification requirements under section 582;
- (F) did not knowingly provide false transaction information; and
- (G) did not knowingly alter the transaction history.

Drug Supply Chain Security Act Document Doc#00000021116

(TI) Transaction Information

Drug Name, Strength, Dosage Form, Container Size:

PREZISTA 800MG TAB 30CT,

NDC: 59676-0566-30

 Lot Number
 Quantity
 Unique Serial #

 20HG207
 1

 20JG278
 1

 20LG416
 1

Reference Number:

01I44144 Invoice

Document Type: Reference Date:

03/03/21

(TH) Transaction History

Manufacturer's Name: JANSSEN

Manufacturer's information000 US-202 RARITAN,NJ 08869

SOLD TO:
Name: WHOLESALERS GROUP INC.
SHIPPED TO:
Name: WHO

Address: 917 CALLE TRINITY

CAROLINA PR 00982

Date Purchased & Ref: 02/07/21 14921679

Name: WHOLESALERS GROUP INC.

Address: 917 CALLE TRINITY

CAROLINA PR 00982

Date Received & Ref: 02/07/21 14921679

SOLD TO: SHIPPED TO:

Name: SYNERGY GROUP WHOLESALERS Name: SYNERGY GROUP WHOLESALERS
Address: 491 AMWELL RD SUITE 103
Address: 491 AMWELL RD SUITE 103

ress: 491 AMWELL RD SUITE 103
HILLSBOROUGH NJ 08844
Address: 491 AMWELL RD SUITE 103
HILLSBOROUGH NJ 08844

Date Purchased & Ref: 02/23/21 8C13810 Date Received & Ref: 02/23/21 8C13810

SOLD TO: SHIPPED TO:

Name: SAFE CHAIN SOLUTIONS, LLC
Address: 822 CHESAPEAKE DR

Name: SAFE CHAIN SOLUTIONS
Address: 822 CHESAPEAKE DR

CAMBRIDGE MD 21613 CAMBRIDGE MD 21613

Date Purchased & Ref: 03/02/21 PO#01212140 Date Received & Ref: 03/03/21 RC#017439

SOLD TO: SHIPPED TO:

Name: LEROY PHARMACY
Address: 314 EAST 204TH ST

Name: LEROY PHARMACY
Address: 314 EAST 204TH ST

BRONX NY 10467 BRONX NY 10467

Date Purchased & Ref : 03/03/21 01S40011001 Date Received & Ref : 03/03/21 01S40011001

SOLD TO: SHIPPED TO: Name: Name:

Address: Address:

Date Purchased & Ref : Date Received & Ref :

(TS) Transaction Statement: This Company complied with each applicable subsection of FDCA Sec. 581 (27) (A) – (G)

- (A) is authorized as required under the Drug Supply Chain Security Act;
- (B) received the product from a person that is authorized as required under the Drug Supply Chain Security Act;
- (C) received transaction information and a transaction statement from the prior owner of the product, as required under section 582;
- (D) did not knowingly ship a suspect or illegitimate product;
- (E) had systems and processes in place to comply with verification requirements under section 582;
- (F) did not knowingly provide false transaction information; and
- (G) did not knowingly alter the transaction history.

Drug Supply Chain Security Act Document

(TI) Transaction Information

Drug Name, Strength, Dosage Form, Container Size:

PREZISTA 600MG TAB 60CT.

NDC: 59676-0562-01

Lot Number Quantity **Unique Serial #** 20LG401

01144140 Reference Number:

Document Type:

Reference Date:

Invoice

03/03/21

(TH) Transaction History

Manufacturer's Name: **JANSSEN**

Manufacturer's information000 US-202 RARITAN,NJ 08869

SOLD TO: Name: WHOLESALERS GROUP INC.

Address: 917 CALLE TRINITY

CAROLINA PR 00982

Date Purchased & Ref: 02/07/21 14921679 SHIPPED TO:

WHOLESALERS GROUP INC. Name:

Address: 917 CALLE TRINITY

CAROLINA PR 00982

Date Received & Ref: 02/07/21 14921679

SOLD TO:

Name: SYNERGY GROUP WHOLESALERS

Address: 491 AMWELL RD SUITE 103

HILLSBOROUGH NJ 08844

Date Purchased & Ref: 02/23/21

8C13810

SHIPPED TO:

SYNERGY GROUP WHOLESALERS Name:

Address: 491 AMWELL RD SUITE 103

HILLSBOROUGH NJ 08844

8C13810 Date Received & Ref: 02/23/21

SOLD TO:

Name: SAFE CHAIN SOLUTIONS, LLC

Address: 822 CHESAPEAKE DR

CAMBRIDGE MD 21613

Date Purchased & Ref: 03/02/21

SHIPPED TO:

SAFE CHAIN SOLUTIONS Name: Address: 822 CHESAPEAKE DR

CAMBRIDGE MD 21613

RC#017439 Date Received & Ref: 03/03/21

SOLD TO:

Name: FARMACIA APOTEK Address: 753 EAST TREMONT AVE

BRONX NY 10457

Date Purchased & Ref: 03/03/21

PO#01212140

01S40025001

SHIPPED TO:

FARMACIA APOTEK Name: Address: 753 EAST TREMONT AVE

BRONX NY 10457

Date Received & Ref: 03/03/21 01S40025001

SOLD TO:

Name: Address:

Date Purchased & Ref:

SHIPPED TO:

Name: Address:

Date Received & Ref:

(TS) Transaction Statement: This Company complied with each applicable subsection of FDCA Sec. 581 (27) (A) – (G)

- (A) is authorized as required under the Drug Supply Chain Security Act;
- (B) received the product from a person that is authorized as required under the Drug Supply Chain Security Act; (C) received transaction information and a transaction statement from the prior owner of the product, as required under section 582;
- (D) did not knowingly ship a suspect or illegitimate product;
- (E) had systems and processes in place to comply with verification requirements under section 582;
- (F) did not knowingly provide false transaction information; and
- (G) did not knowingly alter the transaction history.

Drug Supply Chain Security Act Document Doc#00000021110

(TI) Transaction Information

Drug Name, Strength, Dosage Form, Container Size:

PREZCOBIX TAB 30 CT,

800/150 MG NDC: 59676-0575-30

NDC: 59676-0575-30

Lot Number Quantity Unique Serial #
20LG388 1

Reference Number: _

Reference Date:

Address: 917 CALLE TRINITY

CAROLINA PR 00982

Document Type:

1nvoice 03/03/21

01144140

(TH) Transaction History

Manufacturer's Name: JANSSEN

CAROLINA PR 00982

Manufacturer's information000 US-202 RARITAN,NJ 08869

SOLD TO:
Name: WHOLESALERS GROUP INC.
SHIPPED TO:
Name: WHOLESALERS GROUP INC.

Address: 917 CALLE TRINITY

Date Purchased & Ref: 02/07/21 14921679 | Date Received & Ref: 02/07/21 14921679

SOLD TO: SHIPPED TO:

Name: SYNERGY GROUP WHOLESALERS SYNERGY GROUP WHOLESALERS

Address: 491 AMWELL RD SUITE 103
HILLSBOROUGH NJ 08844
Address: 491 AMWELL RD SUITE 103
HILLSBOROUGH NJ 08844

Date Purchased & Ref: 02/23/21 8C13810 Date Received & Ref: 02/23/21 8C13810

SOLD TO: SHIPPED TO:

Name: SAFE CHAIN SOLUTIONS, LLC
Address: 822 CHESAPEAKE DR

Name: SAFE CHAIN SOLUTIONS
Address: 822 CHESAPEAKE DR

CAMBRIDGE MD 21613 CAMBRIDGE MD 21613

Date Purchased & Ref: 03/02/21 PO#01212140 Date Received & Ref: 03/03/21 RC#017439

SOLD TO: SHIPPED TO:

Name: FARMACIA APOTEK
Address: 753 EAST TREMONT AVE

Name: FARMACIA APOTEK
Address: 753 EAST TREMONT AVE

BRONX NY 10457 BRONX NY 10457

Date Purchased & Ref: 03/03/21 01S40025001 | Date Received & Ref: 03/03/21 01S40025001

SOLD TO:
Name:
Address:
SHIPPED TO:
Name:
Address:

Date Purchased & Ref : | Date Received & Ref :

(TS) Transaction Statement: This Company complied with each applicable subsection of FDCA Sec. 581 (27) (A) – (G)

- (A) is authorized as required under the Drug Supply Chain Security Act;
- (B) received the product from a person that is authorized as required under the Drug Supply Chain Security Act;
- (C) received transaction information and a transaction statement from the prior owner of the product, as required under section 582;
- (D) did not knowingly ship a suspect or illegitimate product;
- (E) had systems and processes in place to comply with verification requirements under section 582;
- (F) did not knowingly provide false transaction information; and
- (G) did not knowingly alter the transaction history.

Drug Supply Chain Security Act Document

(TI) Transaction Information

Drug Name, Strength, Dosage Form, Container Size:

SYMTUZA TAB 30CT, 800/150/200/10MG

NDC: 59676-0800-30

Lot Number Quantity **Unique Serial #** 20LG431 20KG322 1

Reference Number:

01144140 Invoice

Document Type: Reference Date:

03/03/21

(TH) Transaction History

Manufacturer's Name: **JANSSEN**

Manufacturer's information000 US-202 RARITAN,NJ 08869

SOLD TO: Name: WHOLESALERS GROUP INC.

Address: 917 CALLE TRINITY

CAROLINA PR 00982

Date Purchased & Ref: 02/07/21 14921679 SHIPPED TO:

WHOLESALERS GROUP INC. Name:

Address: 917 CALLE TRINITY **CAROLINA PR 00982**

Date Received & Ref: 02/07/21 14921679

SOLD TO: SHIPPED TO:

Name: SYNERGY GROUP WHOLESALERS Address: 491 AMWELL RD SUITE 103

HILLSBOROUGH NJ 08844

8C13810 Date Purchased & Ref: 02/23/21

SYNERGY GROUP WHOLESALERS Name:

Address: 491 AMWELL RD SUITE 103 **HILLSBOROUGH NJ 08844**

8C13810 Date Received & Ref: 02/23/21

SOLD TO:

Name: SAFE CHAIN SOLUTIONS, LLC

Address: 822 CHESAPEAKE DR

CAMBRIDGE MD 21613

Date Purchased & Ref: 03/02/21 PO#01212140 SHIPPED TO:

SAFE CHAIN SOLUTIONS Name: Address: 822 CHESAPEAKE DR

CAMBRIDGE MD 21613

RC#017439 Date Received & Ref: 03/03/21

SOLD TO:

Name: FARMACIA APOTEK Address: 753 EAST TREMONT AVE

BRONX NY 10457

Date Purchased & Ref: 03/03/21

SHIPPED TO:

FARMACIA APOTEK Name: Address: 753 EAST TREMONT AVE

BRONX NY 10457

Date Received & Ref: 03/03/21 01S40025001

SOLD TO:

Name:

Address:

Date Purchased & Ref:

SHIPPED TO:

Name: Address:

Date Received & Ref:

(TS) Transaction Statement: This Company complied with each applicable subsection of FDCA Sec. 581 (27) (A) – (G)

- (A) is authorized as required under the Drug Supply Chain Security Act;
- (B) received the product from a person that is authorized as required under the Drug Supply Chain Security Act; (C) received transaction information and a transaction statement from the prior owner of the product, as required under section 582;

01S40025001

- (D) did not knowingly ship a suspect or illegitimate product;
- (E) had systems and processes in place to comply with verification requirements under section 582;
- (F) did not knowingly provide false transaction information; and
- (G) did not knowingly alter the transaction history.

Drug Supply Chain Security Act Document Doc#00000021115

(TI) Transaction Information

Drug Name, Strength, Dosage Form, Container Size:

PREZISTA 600MG TAB 60CT,

NDC: 59676-0562-01

Lot Number Quantity Unique Serial # 20LG401 1

Reference Number: 01I44123
Document Type: Invoice

Reference Date: 03/03/21

(TH) Transaction History

Manufacturer's Name: JANSSEN

Manufacturer's information000 US-202 RARITAN,NJ 08869

mandacturer 3 morniation200 00-202 NANTAN,NO 00003	
SOLD TO: Name: WHOLESALERS GROUP INC. Address: 917 CALLE TRINITY CAROLINA PR 00982 Date Purchased & Ref: 02/07/21 14921679	SHIPPED TO: Name: WHOLESALERS GROUP INC. Address: 917 CALLE TRINITY CAROLINA PR 00982 Date Received & Ref: 02/07/21 14921679
SOLD TO: Name: SYNERGY GROUP WHOLESALERS Address: 491 AMWELL RD SUITE 103 HILLSBOROUGH NJ 08844 Date Purchased & Ref: 02/23/21 8C13810	SHIPPED TO: Name: SYNERGY GROUP WHOLESALERS Address: 491 AMWELL RD SUITE 103 HILLSBOROUGH NJ 08844 Date Received & Ref: 02/23/21 8C13810
SOLD TO: Name: SAFE CHAIN SOLUTIONS, LLC Address: 822 CHESAPEAKE DR CAMBRIDGE MD 21613 Date Purchased & Ref: 03/02/21 PO#01212140	SHIPPED TO: Name: SAFE CHAIN SOLUTIONS Address: 822 CHESAPEAKE DR CAMBRIDGE MD 21613 Date Received & Ref: 03/03/21 RC#017439
SOLD TO: Name: LEGEND DRUGS 1 LLC Address: 159 E GUNHILL ROAD BRONX NY 10467 Date Purchased & Ref: 03/03/21 01S40091001	SHIPPED TO: Name: LEGEND DRUGS 1 LLC Address: 159 E GUNHILL ROAD BRONX NY 10467 Date Received & Ref: 03/03/21 01S40091001
SOLD TO: Name: Address:	SHIPPED TO: Name: Address:

(TS) Transaction Statement: This Company complied with each applicable subsection of FDCA Sec. 581 (27) (A) - (G)

Date Received & Ref:

- (A) is authorized as required under the Drug Supply Chain Security Act;
- (B) received the product from a person that is authorized as required under the Drug Supply Chain Security Act;
- (C) received transaction information and a transaction statement from the prior owner of the product, as required under section 582;
- (D) did not knowingly ship a suspect or illegitimate product;
- (E) had systems and processes in place to comply with verification requirements under section 582;
- (F) did not knowingly provide false transaction information; and
- (G) did not knowingly alter the transaction history.

Date Purchased & Ref:

Drug Supply Chain Security Act Document Doc#00000021115

(TI) Transaction Information

Drug Name, Strength, Dosage Form, Container Size:

PREZISTA 600MG TAB 60CT,

NDC: 59676-0562-01

Lot Number Quantity Unique Serial # 20LG401 1

Reference Number: 01I44129

Document Type: Invoice
Reference Date: 03/03/21

(TH) Transaction History

Manufacturer's Name: JANSSEN

Manufacturer's information000 US-202 RARITAN,NJ 08869

SOLD TO:
Name: WHOLESALERS GROUP INC.
SHIPPED TO:
Name: WHOLESALERS GROUP INC.

Address: 917 CALLE TRINITY

CAROLINA PR 00982

Date Purchased & Ref: 02/07/21 14921679

SOLD TO:
Name: SYNERGY GROUP WHOLESALERS
SHIPPED TO:
Name: SYNERGY GROUP

Address: 491 AMWELL RD SUITE 103

HILLSBOROUGH NJ 08844

Date Purchased & Ref: 02/23/21 8C13810

Name: SYNERGY GROUP WHOLESALERS

Address: 491 AMWELL RD SUITE 103 HILLSBOROUGH NJ 08844

CAROLINA PR 00982

Address: 917 CALLE TRINITY

Date Received & Ref: 02/07/21

Date Received & Ref : 02/23/21 8C13810

SOLD TO: SHIPPED TO:

Name: SAFE CHAIN SOLUTIONS, LLC
Address: 822 CHESAPEAKE DR

Name: SAFE CHAIN SOLUTIONS
Address: 822 CHESAPEAKE DR

CAMBRIDGE MD 21613 CAMBRIDGE MD 21613

Date Purchased & Ref: 03/02/21 PO#01212140 Date Received & Ref: 03/03/21 RC#017439

SOLD TO: || SHIPPED TO:

Name: NORWOOD PHARMACY Name: NORWOOD PHARMACY

Address: 2490 FREDERICK DOUGLAS BLVD. Address: 2490 FREDERICK DOUGLAS BLVD.

NEW YORK NY 10030 NEW YORK NY 10030

Date Purchased & Ref: 03/03/21 01S40081001 | Date Received & Ref: 03/03/21 01S40081001

SOLD TO:
Name:
SHIPPED TO:
Name:

Address: Address:

(TS) Transaction Statement: This Company complied with each applicable subsection of FDCA Sec. 581 (27) (A) – (G)

Date Received & Ref:

(A) is authorized as required under the Drug Supply Chain Security Act;

(B) received the product from a person that is authorized as required under the Drug Supply Chain Security Act;

(C) received transaction information and a transaction statement from the prior owner of the product, as required under section 582;

(D) did not knowingly ship a suspect or illegitimate product;

(E) had systems and processes in place to comply with verification requirements under section 582;

(F) did not knowingly provide false transaction information; and

(G) did not knowingly alter the transaction history.

Date Purchased & Ref:

Page: 1 of 1 pages.

14921679

Drug Supply Chain Security Act Document Doc#00000021111

(TI) Transaction Information

Drug Name, Strength, Dosage Form, Container Size:

SYMTUZA TAB 30CT, 800/150/200/10MG NDC: 59676-0800-30

Lot Number Quantity Unique Serial #
20LG396 1

Reference Number: 01I44127

Document Type: Invoice

Reference Date: 03/03/21

(TH) Transaction History

Manufacturer's Name: JANSSEN

Manufacturer's information000 US-202 RARITAN,NJ 08869

SOLD TO:
Name: WHOLESALERS GROUP INC.
Address: 917 CALLE TRINITY
CAROLINA PR 00982

Date Purchased & Ref: 02/07/21 14921679

SHIPPED TO:
Name: WHOLESALERS GROUP INC.
Address: 917 CALLE TRINITY
CAROLINA PR 00982

Date Received & Ref: 02/07/21 14921679

SOLD TO: SHIPPED TO:

Name: SYNERGY GROUP WHOLESALERS SYNERGY GROUP WHOLESALERS

Address: 491 AMWELL RD SUITE 103
HILLSBOROUGH NJ 08844
Address: 491 AMWELL RD SUITE 103
HILLSBOROUGH NJ 08844

Date Purchased & Ref: 02/23/21 8C13810 Date Received & Ref: 02/23/21 8C13810

SOLD TO: SHIPPED TO:

Name: SAFE CHAIN SOLUTIONS, LLC
Address: 822 CHESAPEAKE DR

Name: SAFE CHAIN SOLUTIONS
Address: 822 CHESAPEAKE DR

CAMBRIDGE MD 21613 CAMBRIDGE MD 21613

Date Purchased & Ref: 03/02/21 PO#01212140 Date Received & Ref: 03/03/21 RC#017439

SOLD TO: SHIPPED TO:

Name: ELDER PHARMACY LLC
Address: 1527 WESTCHESTER AVE.

Name: ELDER PHARMACY LLC
Address: 1527 WESTCHESTER AVE

BRONX NY 10472 | BRONX NY 10472

Date Purchased & Ref: 03/03/21 01S40040001 | Date Received & Ref: 03/03/21 01S40040001

SOLD TO:
Name:
Address:

SHIPPED TO:
Name:
Address:

Date Purchased & Ref : Date Received & Ref :

(TS) Transaction Statement: This Company complied with each applicable subsection of FDCA Sec. 581 (27) (A) – (G)

- (A) is authorized as required under the Drug Supply Chain Security Act;
- (B) received the product from a person that is authorized as required under the Drug Supply Chain Security Act;
- (C) received transaction information and a transaction statement from the prior owner of the product, as required under section 582;
- (D) did not knowingly ship a suspect or illegitimate product;
- (E) had systems and processes in place to comply with verification requirements under section 582;
- (F) did not knowingly provide false transaction information; and
- (G) did not knowingly alter the transaction history.

Page: 1 of 1 pages.

14921679

Drug Supply Chain Security Act Document

(TI) Transaction Information

Drug Name, Strength, Dosage Form, Container Size:

SYMTUZA TAB 30CT, 800/150/200/10MG

NDC: 59676-0800-30 Lot Number Quantity **Unique Serial #** 20KG332

2

01144143 Reference Number: **Document Type:**

Invoice

03/03/21 Reference Date:

(TH) Transaction History

20KG322

Manufacturer's Name: **JANSSEN**

Manufacturer's information000 US-202 RARITAN,NJ 08869

SOLD TO: WHOLESALERS GROUP INC. Name: Address: 917 CALLE TRINITY

CAROLINA PR 00982

Date Purchased & Ref: 02/07/21 14921679 SHIPPED TO:

WHOLESALERS GROUP INC. Name:

Address: 917 CALLE TRINITY **CAROLINA PR 00982**

Date Received & Ref: 02/07/21 14921679

SOLD TO:

Name: SYNERGY GROUP WHOLESALERS

Address: 491 AMWELL RD SUITE 103

HILLSBOROUGH NJ 08844

Date Purchased & Ref: 02/23/21

8C13810

SHIPPED TO:

SYNERGY GROUP WHOLESALERS Name:

Address: 491 AMWELL RD SUITE 103 **HILLSBOROUGH NJ 08844**

8C13810 Date Received & Ref: 02/23/21

SOLD TO:

Name: SAFE CHAIN SOLUTIONS, LLC

Address: 822 CHESAPEAKE DR

CAMBRIDGE MD 21613

Date Purchased & Ref: 03/02/21

SHIPPED TO:

SAFE CHAIN SOLUTIONS Name: Address: 822 CHESAPEAKE DR

CAMBRIDGE MD 21613

Date Received & Ref: 03/03/21 RC#017439

SOLD TO:

Name: **VAN WYCK PRESCRIPTION CENTER** Address: 88-20B VAN WYCK EXPRESSWAY

RICHMOND HILL NY 11418

Date Purchased & Ref: 03/03/21

01S40024001

PO#01212140

SHIPPED TO:

VAN WYCK PRESCRIPTION CENTER Name: Address: 88-20B VAN WYCK EXPRESSWAY

RICHMOND HILL NY 11418

Date Received & Ref: 03/03/21 01S40024001

SOLD TO:

Name:

Address:

Date Purchased & Ref:

SHIPPED TO:

Name: Address:

Date Received & Ref:

(TS) Transaction Statement: This Company complied with each applicable subsection of FDCA Sec. 581 (27) (A) – (G)

- (A) is authorized as required under the Drug Supply Chain Security Act;
- (B) received the product from a person that is authorized as required under the Drug Supply Chain Security Act; (C) received transaction information and a transaction statement from the prior owner of the product, as required under section 582;
- (D) did not knowingly ship a suspect or illegitimate product;
- (E) had systems and processes in place to comply with verification requirements under section 582;
- (F) did not knowingly provide false transaction information; and
- (G) did not knowingly alter the transaction history.

Drug Supply Chain Security Act Document

(TI) Transaction Information

Drug Name, Strength, Dosage Form, Container Size:

TIVICAY 50MG TAB 30CT,

NDC: 49702-0228-13

Lot Number Quantity **Unique Serial #** 682E 2 8L3M 1 9R2Y 1

Reference Number: Invoice

Document Type:

Reference Date:

03/03/21

01144144

(TH) Transaction History

Manufacturer's Name: **VIIV HEALTHCARE**

Manufacturer's informationive Moore Drive RESEARCH TRIANGLE PARK,NC 27709

SOLD TO: SHIPPED TO: Name: WHOLESALERS GROUP INC. WHOLESALERS GROUP INC. Address: 917 CALLE TRINITY Address: 917 CALLE TRINITY **CAROLINA PR 00982 CAROLINA PR 00982** Date Purchased & Ref: 02/07/21 14921679 Date Received & Ref: 02/07/21 14921679 SOLD TO: SHIPPED TO: Name: SYNERGY GROUP WHOLESALERS SYNERGY GROUP WHOLESALERS Name: Address: 491 AMWELL RD SUITE 103 Address: 491 AMWELL RD SUITE 103 **HILLSBOROUGH NJ 08844 HILLSBOROUGH NJ 08844** 8C13810 8C13810 Date Received & Ref: 02/23/21 Date Purchased & Ref: 02/23/21 SOLD TO: SHIPPED TO: Name: SAFE CHAIN SOLUTIONS, LLC SAFE CHAIN SOLUTIONS Name: Address: 822 CHESAPEAKE DR Address: 822 CHESAPEAKE DR **CAMBRIDGE MD 21613 CAMBRIDGE MD 21613** RC#017439 Date Purchased & Ref: 03/02/21 Date Received & Ref: 03/03/21 PO#01212140 SOLD TO: SHIPPED TO: Name: LEROY PHARMACY LEROY PHARMACY Name: Address: 314 EAST 204TH ST Address: 314 EAST 204TH ST **BRONX NY 10467 BRONX NY 10467** Date Purchased & Ref: 03/03/21 01S40011001 Date Received & Ref: 03/03/21 01S40011001 SOLD TO: SHIPPED TO: Name: Name: Address: Address:

(TS) Transaction Statement: This Company complied with each applicable subsection of FDCA Sec. 581 (27) (A) – (G)

Date Received & Ref:

- (A) is authorized as required under the Drug Supply Chain Security Act;
- (B) received the product from a person that is authorized as required under the Drug Supply Chain Security Act;
- (C) received transaction information and a transaction statement from the prior owner of the product, as required under section 582;
- (D) did not knowingly ship a suspect or illegitimate product;
- (E) had systems and processes in place to comply with verification requirements under section 582;
- (F) did not knowingly provide false transaction information; and
- (G) did not knowingly alter the transaction history.

Date Purchased & Ref:

Drug Supply Chain Security Act Document Doc#00000021118

(TI) Transaction Information

Drug Name, Strength, Dosage Form, Container Size:

TIVICAY 50MG TAB 30CT,

NDC: 49702-0228-13

Lot Number Quantity Unique Serial #
FU5E 5
GH3U 2
LD3H 1

Reference Number:

01144144

Document Type: Reference Date:

1nvoice 03/03/21

(TH) Transaction History

Manufacturer's Name: VIIV HEALTHCARE

Manufacturer's information Moore Drive RESEARCH TRIANGLE PARK, NC 27709

SOLD TO: SHIPPED TO: Name: WHOLESALERS GROUP INC. WHOLESALERS GROUP INC. Address: 917 CALLE TRINITY Address: 917 CALLE TRINITY **CAROLINA PR 00982 CAROLINA PR 00982** Date Purchased & Ref: 02/07/21 14921679 Date Received & Ref: 02/07/21 14921679 SOLD TO: SHIPPED TO: Name: SYNERGY GROUP WHOLESALERS SYNERGY GROUP WHOLESALERS Name: Address: 491 AMWELL RD SUITE 103 Address: 491 AMWELL RD SUITE 103 **HILLSBOROUGH NJ 08844 HILLSBOROUGH NJ 08844** 8C13810 8C13810 Date Received & Ref: 02/23/21 Date Purchased & Ref: 02/23/21 SOLD TO: SHIPPED TO: Name: SAFE CHAIN SOLUTIONS, LLC SAFE CHAIN SOLUTIONS Name: Address: 822 CHESAPEAKE DR Address: 822 CHESAPEAKE DR **CAMBRIDGE MD 21613 CAMBRIDGE MD 21613** RC#017439 Date Received & Ref: 03/03/21 Date Purchased & Ref: 03/02/21 PO#01212140 SOLD TO: SHIPPED TO: Name: LEROY PHARMACY LEROY PHARMACY Name: Address: 314 EAST 204TH ST Address: 314 EAST 204TH ST **BRONX NY 10467 BRONX NY 10467** Date Purchased & Ref: 03/03/21 01S40011001 Date Received & Ref: 03/03/21 01S40011001 SOLD TO: SHIPPED TO: Name: Name: Address: Address:

(TS) Transaction Statement: This Company complied with each applicable subsection of FDCA Sec. 581 (27) (A) – (G)

Date Received & Ref:

- (A) is authorized as required under the Drug Supply Chain Security Act;
- (B) received the product from a person that is authorized as required under the Drug Supply Chain Security Act;
- (C) received transaction information and a transaction statement from the prior owner of the product, as required under section 582;
- (D) did not knowingly ship a suspect or illegitimate product;
- (E) had systems and processes in place to comply with verification requirements under section 582;
- (F) did not knowingly provide false transaction information; and
- (G) did not knowingly alter the transaction history.

Date Purchased & Ref:

Page: 2 of 3 pages.

Drug Supply Chain Security Act Document Doc#00000021118

(TI) Transaction Information

Drug Name, Strength, Dosage Form, Container Size:

TIVICAY 50MG TAB 30CT,

NDC: 49702-0228-13

Lot Number Quantity Unique Serial #
PW4Y 1
RN2F 1

Reference Number: _

01144144

Document Type: Reference Date:

Invoice 03/03/21

(TH) Transaction History

Manufacturer's Name: VIIV HEALTHCARE

Manufacturer's informationFive Moore Drive RESEARCH TRIANGLE PARK,NC 27709

SOLD TO: SHIPPED TO: Name: WHOLESALERS GROUP INC. WHOLESALERS GROUP INC. Address: 917 CALLE TRINITY Address: 917 CALLE TRINITY **CAROLINA PR 00982 CAROLINA PR 00982** Date Purchased & Ref: 02/07/21 14921679 Date Received & Ref: 02/07/21 14921679 SOLD TO: SHIPPED TO: Name: SYNERGY GROUP WHOLESALERS SYNERGY GROUP WHOLESALERS Name: Address: 491 AMWELL RD SUITE 103 Address: 491 AMWELL RD SUITE 103 **HILLSBOROUGH NJ 08844 HILLSBOROUGH NJ 08844** 8C13810 8C13810 Date Received & Ref: 02/23/21 Date Purchased & Ref: 02/23/21 SOLD TO: SHIPPED TO: Name: SAFE CHAIN SOLUTIONS, LLC SAFE CHAIN SOLUTIONS Name: Address: 822 CHESAPEAKE DR Address: 822 CHESAPEAKE DR **CAMBRIDGE MD 21613 CAMBRIDGE MD 21613** RC#017439 Date Purchased & Ref: 03/02/21 Date Received & Ref: 03/03/21 PO#01212140 SOLD TO: SHIPPED TO: Name: LEROY PHARMACY LEROY PHARMACY Name: Address: 314 EAST 204TH ST Address: 314 EAST 204TH ST **BRONX NY 10467 BRONX NY 10467** Date Purchased & Ref: 03/03/21 01S40011001 Date Received & Ref: 03/03/21 01S40011001 SOLD TO: SHIPPED TO: Name: Name: Address: Address:

(TS) Transaction Statement: This Company complied with each applicable subsection of FDCA Sec. 581 (27) (A) – (G)

Date Received & Ref:

- (A) is authorized as required under the Drug Supply Chain Security Act;
- (B) received the product from a person that is authorized as required under the Drug Supply Chain Security Act;
- (C) received transaction information and a transaction statement from the prior owner of the product, as required under section 582;
- (D) did not knowingly ship a suspect or illegitimate product;
- (E) had systems and processes in place to comply with verification requirements under section 582;
- (F) did not knowingly provide false transaction information; and
- (G) did not knowingly alter the transaction history.

Date Purchased & Ref:

Page: 3 of 3 pages.

Drug Supply Chain Security Act Document Doc#00000021115

(TI) Transaction Information

Drug Name, Strength, Dosage Form, Container Size:

TRIUMEQ TAB 30CT,

600/50/300MG

NDC: 49702-0231-13

Lot Number Quantity Unique Serial #
2T4G 1
7N9K 1
GS5E 4

Reference Number:

01I44144 Invoice

Document Type: Reference Date:

03/03/21

(TH) Transaction History

Manufacturer's Name: VIIV HEALTHCARE

Manufacturer's information Moore Drive RESEARCH TRIANGLE PARK, NC 27709

SOLD TO: SHIPPED TO: Name: WHOLESALERS GROUP INC. WHOLESALERS GROUP INC. Address: 917 CALLE TRINITY Address: 917 CALLE TRINITY **CAROLINA PR 00982 CAROLINA PR 00982** Date Purchased & Ref: 02/07/21 14921679 Date Received & Ref: 02/07/21 14921679 SOLD TO: SHIPPED TO: Name: SYNERGY GROUP WHOLESALERS SYNERGY GROUP WHOLESALERS Name: Address: 491 AMWELL RD SUITE 103 Address: 491 AMWELL RD SUITE 103 **HILLSBOROUGH NJ 08844 HILLSBOROUGH NJ 08844** 8C13810 8C13810 Date Received & Ref: 02/23/21 Date Purchased & Ref: 02/23/21 SOLD TO: SHIPPED TO: Name: SAFE CHAIN SOLUTIONS, LLC SAFE CHAIN SOLUTIONS Name: Address: 822 CHESAPEAKE DR Address: 822 CHESAPEAKE DR **CAMBRIDGE MD 21613 CAMBRIDGE MD 21613** RC#017439 Date Purchased & Ref: 03/02/21 Date Received & Ref: 03/03/21 PO#01212140 SOLD TO: SHIPPED TO: Name: LEROY PHARMACY LEROY PHARMACY Name: Address: 314 EAST 204TH ST Address: 314 EAST 204TH ST **BRONX NY 10467 BRONX NY 10467** Date Purchased & Ref: 03/03/21 01S40011001 Date Received & Ref: 03/03/21 01S40011001 SOLD TO: SHIPPED TO: Name: Name:

(TS) Transaction Statement: This Company complied with each applicable subsection of FDCA Sec. 581 (27) (A) – (G)

Address:

Date Received & Ref:

- (A) is authorized as required under the Drug Supply Chain Security Act;
- (B) received the product from a person that is authorized as required under the Drug Supply Chain Security Act;
- (C) received transaction information and a transaction statement from the prior owner of the product, as required under section 582;
- (D) did not knowingly ship a suspect or illegitimate product;
- (E) had systems and processes in place to comply with verification requirements under section 582;
- (F) did not knowingly provide false transaction information; and
- (G) did not knowingly alter the transaction history.

Address:

Date Purchased & Ref:

Page: 1 of 3 pages.

Drug Supply Chain Security Act Document Doc#00000021115

(TI) Transaction Information

Drug Name, Strength, Dosage Form, Container Size:

TRIUMEQ TAB 30CT,

600/50/300MG

NDC: 49702-0231-13

Lot Number Quantity Unique Serial #
GS5G 1
N78R 1
RN2K 2

Reference Number:

01I44144 Invoice

Document Type: Reference Date:

03/03/21

(TH) Transaction History

Manufacturer's Name: VIIV HEALTHCARE

Manufacturer's informationFive Moore Drive RESEARCH TRIANGLE PARK,NC 27709

SOLD TO: SHIPPED TO: Name: WHOLESALERS GROUP INC. WHOLESALERS GROUP INC. Address: 917 CALLE TRINITY Address: 917 CALLE TRINITY **CAROLINA PR 00982 CAROLINA PR 00982** Date Purchased & Ref: 02/07/21 14921679 Date Received & Ref: 02/07/21 14921679 SOLD TO: SHIPPED TO: Name: SYNERGY GROUP WHOLESALERS SYNERGY GROUP WHOLESALERS Name: Address: 491 AMWELL RD SUITE 103 Address: 491 AMWELL RD SUITE 103 **HILLSBOROUGH NJ 08844 HILLSBOROUGH NJ 08844** 8C13810 8C13810 Date Received & Ref: 02/23/21 Date Purchased & Ref: 02/23/21 SOLD TO: SHIPPED TO: Name: SAFE CHAIN SOLUTIONS, LLC SAFE CHAIN SOLUTIONS Name: Address: 822 CHESAPEAKE DR Address: 822 CHESAPEAKE DR **CAMBRIDGE MD 21613 CAMBRIDGE MD 21613** RC#017439 Date Purchased & Ref: 03/02/21 Date Received & Ref: 03/03/21 PO#01212140 SOLD TO: SHIPPED TO: Name: LEROY PHARMACY LEROY PHARMACY Name: Address: 314 EAST 204TH ST Address: 314 EAST 204TH ST **BRONX NY 10467 BRONX NY 10467** Date Purchased & Ref: 03/03/21 01S40011001 Date Received & Ref: 03/03/21 01S40011001 SOLD TO: SHIPPED TO: Name: Name: Address: Address:

(TS) Transaction Statement: This Company complied with each applicable subsection of FDCA Sec. 581 (27) (A) – (G)

Date Received & Ref:

- (A) is authorized as required under the Drug Supply Chain Security Act;
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- (E) had systems and processes in place to comply with verification requirements under section 582;
- (F) did not knowingly provide false transaction information; and
- (G) did not knowingly alter the transaction history.

Date Purchased & Ref:

Page: 2 of 3 pages.

Drug Supply Chain Security Act Document

(TI) Transaction Information

Drug Name, Strength, Dosage Form, Container Size:

TRIUMEQ TAB 30CT.

600/50/300MG NDC: 49702-0231-13

V79D

Address:

Date Purchased & Ref:

Lot Number Quantity **Unique Serial #** Reference Number: **Document Type:**

01144144 Invoice

Reference Date:

03/03/21

(TH) Transaction History

Manufacturer's Name: **VIIV HEALTHCARE**

Manufacturer's informationive Moore Drive RESEARCH TRIANGLE PARK,NC 27709

SOLD TO: SHIPPED TO: Name: WHOLESALERS GROUP INC. WHOLESALERS GROUP INC. Address: 917 CALLE TRINITY Address: 917 CALLE TRINITY **CAROLINA PR 00982 CAROLINA PR 00982** Date Purchased & Ref: 02/07/21 14921679 Date Received & Ref: 02/07/21 14921679 SOLD TO: SHIPPED TO: Name: SYNERGY GROUP WHOLESALERS SYNERGY GROUP WHOLESALERS Name: Address: 491 AMWELL RD SUITE 103 Address: 491 AMWELL RD SUITE 103 **HILLSBOROUGH NJ 08844 HILLSBOROUGH NJ 08844** 8C13810 8C13810 Date Received & Ref: 02/23/21 Date Purchased & Ref: 02/23/21 SOLD TO: SHIPPED TO: Name: SAFE CHAIN SOLUTIONS, LLC SAFE CHAIN SOLUTIONS Name: Address: 822 CHESAPEAKE DR Address: 822 CHESAPEAKE DR **CAMBRIDGE MD 21613 CAMBRIDGE MD 21613** RC#017439 Date Purchased & Ref: 03/02/21 Date Received & Ref: 03/03/21 PO#01212140 SOLD TO: SHIPPED TO: Name: LEROY PHARMACY LEROY PHARMACY Name: Address: 314 EAST 204TH ST Address: 314 EAST 204TH ST **BRONX NY 10467 BRONX NY 10467** Date Purchased & Ref: 03/03/21 01S40011001 Date Received & Ref: 03/03/21 01S40011001 SOLD TO: SHIPPED TO: Name: Name:

(TS) Transaction Statement: This Company complied with each applicable subsection of FDCA Sec. 581 (27) (A) – (G)

Address:

Date Received & Ref:

- (A) is authorized as required under the Drug Supply Chain Security Act;
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- (E) had systems and processes in place to comply with verification requirements under section 582;
- (F) did not knowingly provide false transaction information; and
- (G) did not knowingly alter the transaction history.

Page: 3 of 3 pages.